

**NCI-FREDERICK
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION
SIGNATURE AUTHORIZATION FORM**

Name: Last _____ First _____ MI _____
(Please Print)

Organization: (check only one)

- | | | | |
|----------------------------------|-----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> NCI-CCR | <input type="checkbox"/> NCI-DCP | <input type="checkbox"/> NCI-OM | <input type="checkbox"/> DMS |
| <input type="checkbox"/> NCI-DCB | <input type="checkbox"/> NCI-DCTD | <input type="checkbox"/> NIAID | <input type="checkbox"/> SAIC |
| <input type="checkbox"/> OTHER: | <input type="checkbox"/> NCI-OD | <input type="checkbox"/> CRL | <input type="checkbox"/> WISCO |

Activity: ☐ ADD ☐ CHANGE ☐ DELETE

Approval Areas: (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Purchase Request: Unlimited | <input type="checkbox"/> RTP Services: Unlimited |
| <input type="checkbox"/> Library Services | <input type="checkbox"/> Capital Equipment | <input type="checkbox"/> Warehouse Requisition |
| <input type="checkbox"/> Petty Cash | <input type="checkbox"/> Computer Services | <input type="checkbox"/> Work Orders |
| <input type="checkbox"/> Purchase Request <\$500 | <input type="checkbox"/> RTP Services <\$500 | <input type="checkbox"/> Controlled Materials |
| <input type="checkbox"/> Purchase Request <\$2500 | <input type="checkbox"/> RTP Services <\$2500 | <input type="checkbox"/> Shipping |

***FOR SAIC EMPLOYEES ONLY (Payroll Authorization)**

Employee Number:

Activity: ☐ ADD ☐ CHANGE ☐ DELETE

Authorized to Receive:

- ☐ Personnel Reports
- ☐ Time Cards
- ☐ Payroll Statements

Authorized to Approve:

- ☐ Travel COA
- ☐ Travel NON-COA
- ☐ Time Cards
- ☐ Personnel Requisitions
- ☐ Overtime

Authorized Center Numbers: (list additional centers on 2nd sheet if necessary)

Center Number TO & FROM

Directorate (Entire Directorate)

Division (Entire Division)

TO	FROM
—	
—	

Employee (print/type)

Employee Signature

Date

Supervisor (print/type)

Supervisor Signature

Date

Contracting Officer (print/type)
(Gov't. Only)

Contracting Officer Signature

Date

Instructions:

**If NCI employee, forward to Contracting Officer, Attn: John Eaton, Building 427
Forward to the Finance Department – W. Zimmerman, Building 244/111**